

IN THE UNITED STATES DISTRICT COURT
FOR THE Southern DISTRICT OF Mississippi
DIVISION

(Write the District and Division, if any, of the
court in which the complaint is filed.)



Ernest Eugene Leffew
MDOC # 186927

(Write the full name of each plaintiff who is filing
this complaint. If the names of all the plaintiffs
cannot fit in the space above, please write "see
attached" in the space and attach an additional
page with the full list of names.)

-against-

Sheriff Troy Peterson
Warden Evan Hubbard
see attached

(Write the full name of each defendant who is
being sued. If the names of all the defendants
cannot fit in the space above, please write "see
attached" in the space and attach an additional
page with the full list of names. Do not include
addresses here.)

**Complaint for Violation of Civil
Rights**

(Prisoner Complaint)

Case No. 1:19cv793LERHW
(to be filled in by the Clerk's Office)

Jury Trial: ☐ Yes ☐ No
(check one)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed *in forma pauperis*.

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name Ernest Leffew
 All other names by which you have been known: Ernie Leffew
 ID Number 186927
 Current Institution CMCF - Rankin Co
 Address P.O. Box 88550
Pearl, MS 39288

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name Sherrieff Troy Petterson
 Job or Title Sherrieff - Harrison Co, MS
 (if known)
 Shield Number _____
 Employer Harrison County A.D.C.
 Address 10451 Larkin Smith Dr.
Gulfport, MS 39503
☐ Individual capacity ☒ Official capacity

Defendant No. 2

Name Evan Hubbard

Additional Defendants

Captain Elaine Le'ge

Lt. McCabe

Sgt. Freeman

4 Members of ERT Team

Job or Title Warden
(if known)
Shield Number _____
Employer Harrison County A.D.C.
Address 10451 Larkin Smith Dr.
Gulfport, MS 39503
☐ Individual capacity ☒ Official capacity

Defendant No. 3

Name Elaine Le'ge
Job or Title Captain
(if known)
Shield Number _____
Employer Harrison County A.D.C.
Address 10451 Larkin Smith Dr.
Gulfport, MS 39503
☐ Individual capacity ☒ Official capacity

Defendant No. 4

Name Sherriff^{officer} McCabe
Job or Title L.T. / Shift Command
(if known)
Shield Number _____
Employer Harrison County A.D.C.
Address 10451 Larkin Smith Dr.
Gulfport, MS 39503
☐ Individual capacity ☒ Official capacity
Additional defendants See Attached

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

Defendant No. 5
Name

Sheriff Officer Freeman
Sat. / Block Supervisor

Job or Title
(if known)

Shield Number

Employer

Address

Harrison County A.D.C.
10451 Larkin Smith Dr.
Gulfport, ms 39503

☒ Individual capacity

☐ Official capacity

Defendant No. 6-10

Name

Unknow Sheriff Officer's
ERT members

Job or Title
(if known)

Shield Number

Employer

Address

Harrison County A.D.C.
10451 Larkin Smith Dr.
Gulfport, ms 39503

☒ Individual capacity

☐ Official capacity

~~Defendant No. 11~~

Name

Job or Title
(if known)

Shield Number

Employer

Address

☐ Individual capacity

☐ Official capacity

~~11. Federal Jurisdiction~~

Under 42 U.S.C. § 1983, you may sue state or local officials for the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (*check all that apply*):

- ☐ Federal officials (a *Bivens* claim)
☒ State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

Due Process - Civil Rights which intitle me to adaguate
Protection from prisoneer assault, and to provide me with
reasonably security while in custody.

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

D. Section 1983 allows defendants to be found liable only when they have acted “under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia.” 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

The defendants are worker at the County Jail. So part
of there job responceability was to make sure I was
safe while I was housed at the A.D.C.

III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (*check all that apply*):

- ☐ Pretrial detainee
☐ Civilly committed detainee
☐ Immigration detainee

- ☒ Convicted and sentenced state prisoner
☒ Convicted and sentenced federal prisoner
☐ Other (explain) _____

IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed. *See Attached Grievance # 19-04-006*

- A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

N/A

- B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

*Harrison County A.D.C. / Gulfport MS.
Nov. 6th, 2018*

- C. What date and approximate time did the events giving rise to your claim(s) occur?

Nov. 6th 2018, 12:30 PM

- D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

Eye Socket crushed, was rushed by Ambulance from Memorial Hospital to U.M.C.-N.O.

All Medical Records on file

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

I want punitive damages in the amount of 100,000.00 for pain and suffering and 100,000.00 for permanent disfigurement and 50,000.00 for violations of my civil Right to due process.

VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

- A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☒ Yes
☐ No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Harrison County Adult Detention Center
10451 Larkin Smith Dr.
Gulfport, MS 39503

- B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

☒ Yes
☐ No
☐ Do not know

- C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

☐ Yes
☒ No
☐ Do not know

If yes, which claim(s)?

All claims where denied in Grievance process

- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☒ Yes Grievance # 19-04-006
☐ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

- ☒ Yes Grievance was accepted out of time.
- ☐ No

E. If you did file a grievance:

1. Where did you file the grievance?

After my return to Harrison County, it was 3 months later so Grievance was accepted "out of time" by grievance officer.

2. What did you claim in your grievance?

That my injuries could have been avoided by c/o's with the proper training and supervision. I didn't have to get hurt.

3. What was the result, if any?

Claim was denied stating I could have done more to avoid the altercation. When I tried anyway to get moved.

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

I appealed to 2nd step which came back denied so I'm still waiting on 3rd step response.

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

N/A

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

I also let the Chain of Security know
what was happening before I was injured.

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

VIII. Previous Lawsuits

The “three strikes rule” bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has “on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury.” 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this “three strikes rule”?

- ☐ Yes
☒ No

If so, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☐ Yes

☒ No

B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) _____

Defendant(s) _____

2. Court *(if federal court, name the district; if state court, name the county and State)*

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition. _____

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

- C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

☐ Yes

☒ No

- D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) _____

Defendant(s) _____

2. Court *(if federal court, name the district; if state court, name the county and State)*

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition. _____

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: Oct. 20, 2019

Signature of Plaintiff Ernest Leftew

Printed Name of Plaintiff Ernest Leftew

Prison Identification # 186927

Prison Address CMCF - Rankin County P.O. Box 88550

Pearl MS 39288

City

State

Zip Code

B. For Attorneys

Date of signing: _____, 20__.

Signature of Attorney _____

Printed Name of Attorney _____

Bar Number _____

Name of Law Firm _____

Address

Telephone Number

E-mail Address
